

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

See Instructions and \*Privacy  
Statement On Reverse Side

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME Elona Baum		SSN or EMPLOYEE NUMBER* [REDACTED]		DEPARTMENT CIRM	
POSITION General Counsel	CB/ID No.	DIVISION or BUREAU CIRM			INDEX NUMBER
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 210 King Street			TELEPHONE NUMBER
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY San Francisco	STATE CA	ZIP CODE 94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
1/24	8:00 17:00	Washington, DC					64.50 <del>124.50</del>						64.50 <del>124.50</del>	
3/20	21:00	Washington, DC	238.43			17.38							255.81	
3/21	8:00 17:00	Washington, DC	238.43										238.43	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			476.86	0.00	0.00	17.38	0.00	124.50		0.00	0	0.00	0.00	<del>618.74</del>
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

558.74  
~~618.74~~

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Elona Baum for:

- Ground transportation in DC while attending and speaking on behalf of CIRM at Phacilitate Meeting
- Lodging and Meal in Washington, DC during the NIH translational meeting at NIH March 20 - 22, 2011.

201000P32 - 64.50  
201000P33 - 494.24

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

03/30/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

3/30/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE